

**CITY OF EL PASO  
RECORDS MANAGEMENT  
RECORDS REQUEST FORM**

Date:

**DEPARTMENT SECTION** (Completed by Department Liaison or Authorized Requestor)

**Request Made by:**

**Name:**

**Department:**

**Section:**

**Phone Number:**

**RECORDS REQUESTED FOR** (Completed by Department Liaison or Authorized Requestor)

**Name:**

**Department:**

**Section:**

**Phone Number:**

**RECORD(S) REQUESTED** (Description of Records being Requested)

**Record Series Number:**

**Record Series Title:**

**Working Title:**

**Record Requested:**

**Record Date:**

**\*Warehouse Box Location Number:**

\*Taken from the Records Transfer List Form (RM1)

**TYPE OF REQUEST**

☐ Litigation Request

☐ Open Records Request

☐ Other

**Comments:**

**RECORDS MANAGEMENT SECTION** (Completed by Records Management Staff)

	DATE	INITIAL/ SIGNATURE	COMMENTS
Records Request Received			
Records Request (Searched/Pulled/Delivered)			
Records Refiled			

**REQUESTOR'S SECTION** (Completed by Records Liaison or Authorized Requestor)

	DATE	INITIAL/ SIGNATURE	COMMENTS
Record Received			
Records Returned to Storage			

RM2 (Rev. 2/17/04)